

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number 10/658893		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51				
2		/					52				
3	/						53				
4		/					54				
5	/						55				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	9						Total Indep				
Total Depend	11						Total Depend				
Total Claims	20						Total Claims				